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UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MICHIGAN

**FILED**  
APR 19 2012  
U.S. DISTRICT COURT  
FLINT, MICHIGAN

American University of Antigua College of  
Medicine, a foreign Corporation

Plaintiff(s),

Case No. 2:10-cv-10978

v.

Judge Patrick J. Duggan

Steven L. Woodward

Magistrate Judge

Defendant(s).  
\_\_\_\_\_ /**APPLICATION TO PROCEED IN FORMA PAUPERIS**

For use by incarcerated applicants filing habeas petitions or appeals from the denial or dismissal of habeas petitions or motions under 28 U.S.C. § 2255 and nonprisoners filing civil cases or appeals.

**THIS APPLICATION IS FOR (check one):****Habeas Action**New Case ☐Appeal ☐**Motion Under 28 U.S.C. § 2255**Appeal ☐**Nonprisoner Action**New Case ☐Appeal ☒I, Steven L. Woodward declare that I am the:
 petitioner/plaintiff/appellant ☒ other ☐

in the above-entitled proceeding. In support of my request to proceed *in forma pauperis* under 28 U.S.C. § 1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought. In support of this application, I have provided answers to the following questions.

1. Are you employed? Yes ☐ No ☒

If your answer is yes, state the amount of your monthly pay and provide the name and address of your employer.

Salary: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

2. In the last 12 months, have you received money from any of the following sources?

a. Business, profession or other self-employment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Rent payments, interest or dividends	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Pensions, annuities or life insurance payments	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Gifts or inheritances	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
e. Other sources	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

If you answered yes to any of these questions, state the source of the money and the amount that you received.

Source: Family members support when needed

Amount: Approx. \$700.00 per month

3. Do you have any money in a:

- a. Prison or jail account  
b. Checking account  
c. Savings account

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

If you answered yes, state the total amount. Amount: Approx. \$500.00 (known accounts)

4. Do you own or have any interest in real estate, stocks, bonds, notes, vehicles, or other valuable property or assets (excluding ordinary household furnishings and clothing)? Yes ☒ No ☐

If you answered yes, describe the property and state its approximate value.

Property description: Home (1979 Boat) Value: Approx \$29,000

Property description: \_\_\_\_\_ Value: \_\_\_\_\_

5. List the people who are dependent on you for support, state your relationship to each person and how much you contribute to their support.

Relationship: \_\_\_\_\_ Amount: \_\_\_\_\_

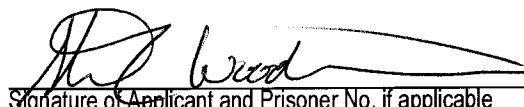
Relationship: \_\_\_\_\_ Amount: \_\_\_\_\_

Relationship: \_\_\_\_\_ Amount: \_\_\_\_\_

Relationship: \_\_\_\_\_ Amount: \_\_\_\_\_

**I declare under penalty of perjury that the foregoing is true and correct.**

Date: April 18, 2012



Signature of Applicant and Prisoner No. if applicable

7211 Brittwood Ln

Address (including name of Institution)

Flint, Mich. 48507

City, State, Zip Code

(810)235-7267

Telephone Number

### **REQUEST FOR SERVICE BY U.S. MARSHAL**

For use only by nonprisoners filing new civil cases.

If my application to proceed *In Forma Pauperis* is granted:

a. I request service of the summons and complaint by a U.S. Marshal. Yes ☐ No ☐

Date: \_\_\_\_\_

Signature of Applicant

**CERTIFICATE**

**This section only applies to incarcerated applicants filing habeas petitions or appeals from the denial or dismissal of habeas petitions or motions under 28 U.S.C. § 2255. (To be completed by an authorized prison official.)**

I certify that the applicant named herein has the sum of \$ \_\_\_\_\_ on account to his/her credit at (name of institution) \_\_\_\_\_.

I further certify that the applicant has the following securities to his/her credit at this institution:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature and Title of Authorized Official

\_\_\_\_\_  
Name of Institution

United States District Court  
Eastern District Of Michigan  
Southern Division

American University Of Antigua College  
Of Medicine, a foreign corporation,

Plaintiff,

United States District Court  
Judge Patrick J. Duggan, presiding  
Case No.: 2:10-cv-10978

V

Steven Woodward,

Defendant.

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c/o 7211 Brittwood Lane  
Flint, MI 48507  
steve\_L\_woodward@yahoo.com

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**Certificate of Service**

The undersigned certifies that the foregoing **Application to proceed In Forma Pauperis**, for Docket 206 and this **Certificate of Service** were served upon Plaintiff via email, Eric plaintiff Court <ebuikema@cardellilaw.com> and U.S. mail to American University of Antigua, via council, Eric A. Buikema (P58379), 322 West Lincoln Ave, Royal Oak, Michigan 48067

Steven Woodward  
7211 Brittwood Ln  
Flint, Michigan 48507

